

ARIZONA BOARD OF PSYCHOLOGIST EXAMINERS

APPLICATION FOR LICENSURE

GENERAL INSTRUCTIONS AND INFORMATION

APPLICATION MATERIALS

An application form for licensure as a psychologist is enclosed. Please read the enclosed materials very carefully as lack of familiarity with the requirements may cause delays in the application process. Applicants should call the Board Office prior to submitting application forms to verify that the forms and fees are still current.

If you have failed the Examination for Professional Practice in Psychology three or more times in any state, you must contact the Board before submitting an application, pursuant to A.R.S. § 32-2072(C) and R4-26-204(A)(1).

An application file is considered **open** upon receipt of the appropriately completed application and **non-refundable** fee, but is not considered administratively **complete for review by the Board** until the following have been received in the Board's office:

- * Check or Money Order in the amount of \$350 made payable to the Board of Psychologist Examiners
- * The "Mandatory Confidential Information" page (non-public information)
- * The six page "Psychologist Licensure Application" with any required supporting documentation
- * The two page "Core Program Requirements" form
- * The three page "Supervised Internship or Training Experience Verification" form sent to the Board by the training program administrator or supervisor (if applicable). If the program was not an APA approved internship or a member of APPIC, a copy of the written statement describing goals and content of training and clear expectations for the quality and quantity of work is also required. The Board may waive this at your written request if you have twenty years' licensed practice in the U.S. or Canada.
- * The two page "Post Doctoral Experience Verification" form sent to the Board by the training supervisor (if applicable). The Board may waive this at your written request if you have ten years' licensed practice in the U.S. or Canada
- * Official transcripts from all graduate institutions attended, sent directly to the Board by the university/college
- * Verification of licensure in other states, if applicable
- * Reference forms mailed from the Board's office
- * A self-query from the National Practitioner Data Bank – Healthcare Integrity Protection Data Bank available at www.npdb-hipdb.hrsa.gov.

It is the applicant's responsibility to contact his/her information sources to verify that materials have been sent, including reference letters mailed from the Board office. Board staff cannot fax reference letters or other application documents to information sources. It is the applicant's responsibility to make sure that all information sources are aware of any deadlines that the applicant is attempting to meet. New applications must be administratively complete at least 14 days prior to the next scheduled Board meeting, including teleconference calls, in order to be scheduled on that Board meeting agenda. Applicants should also be aware that the Board may request clarification or additional information regarding pending applications. It may be helpful to submit course catalog descriptions and/or course syllabi. The Board provides one *Notice of Deficiency* to applicants of materials that have not been received. It is the applicant's responsibility to contact the Board office periodically at (602) 542-8161 to check the status of his/her application file.

STATUTES AND RULES

If you would like to obtain a hard copy of the Board's Statutes, Arizona Revised Statutes §§ 32-2061 through 32-2086, and Rules, Arizona Administrative Code R4-26-101 through R4-26-308, please submit a separate check or money order for \$5.00 made payable to the Arizona Board of Psychologist Examiners. Please write "Statutes and Rules" in the memo section of the check. It is also possible to download a free copy of the Statutes and Rules from the Board's website www.psychboard.az.gov.

NOTICE FOR APPLICANTS REQUESTING TO TAKE THE EPPP PRIOR TO COMPLETION OF SUPERVISED TRAINING

Applicants for examination and licensure may now take the Examination for Professional Practice in Psychology (EPPP) upon completion of the doctoral degree and prior to completion of the internship and postdoctoral supervised training required for licensure. If an applicant has not completed either supervised training experience at the time of application, the applicant does not need to submit the verification forms until such hours are completed. Those applicants who have completed their internship training (first 1,500 hours of supervised training experience) but not the second 1,500 hours of postdoctoral training must provide the internship verification form(s) and do not need to submit the postdoctoral verification form(s) until those hours are completed. If an applicant has completed both training experiences, both verification forms must be provided.

An applicant who has been approved for the EPPP must pass the exam and complete the 3,000 hours of supervised internship and postdoctoral training before the applicant may be approved for licensure.

EXAMINATION (EPPP)

The Examination for Professional Practice in Psychology (EPPP) is now administered for Arizona via computer at authorized Prometric Testing Centers. It is no longer administered by the Board of Psychologist Examiners in the paper and pencil form.

Once an applicant is approved by the Board of Psychologist Examiners to sit for the EPPP, the Board will provide the applicant's name to the Professional Examination Service (PES). PES will mail an application packet to the applicant, receive, review, correct and verify the application, and collect payment directly from the applicant. Payment may be made by credit card or by a certified check or money order made payable to PES.

Applicants must sit for the examination within 60 days of the date on the "authorization-to-test" letter provided by PES, however, they are encouraged to call Prometric to make an appointment as soon as they receive the letter from PES. Prometric has over 300 testing centers across the United States and Canada.

STUDY MATERIALS

Information regarding study materials for the EPPP can be obtained by contacting the ASPPB at:

P.O. Box 241245
Montgomery, AL 36124-1245
1-800-448-4069
www.asppb.org

CONTACTING THE BOARD

Meghan B. Hinckley, Deputy Director
(602) 542-8161
Fax: (602) 542-8279
E-mail: licensing@psychboard.az.gov
Internet : www.psychboard.az.gov

Mailing address:

Arizona Board of Psychologist Examiners
1400 West Washington, Suite 235
Phoenix, Arizona 85007

The Board cannot make out-of-state telephone calls.

NOTICE FOR AMERICANS WITH DISABILITIES

Title 2 of the Americans with Disabilities Act (ADA) prohibits the Board from discriminating on the basis of disability in its public meetings. Persons with a disability may request a reasonable accommodation such as sign language interpreter, by contacting the Board at (602) 542-8162 to make their needs known. Requests should be made as soon as possible to allow time to arrange for the accommodation. These documents may be made available in alternative formats by contacting the Board.

Arizona Board of Psychologist Examiners

FEE SCHEDULE

Application	\$350*
Reapplication	\$200*

***These fees are non-refundable and must accompany the application.**

Initial Licensing Fee	\$400 Prorated
<i>(\$16.67/mo. for months remaining until next renewal date, payable after the Board approves your application for licensure)</i>	
Biennial Active Renewal Fee	\$400
Biennial Inactive Renewal Fee	\$ 50
Reinstatement Fee	\$200

Statutes and Rules	\$ 5
Duplicate Renewal Receipt	\$ 5
Duplicate Certificate	\$ 25
Verification of Licensure	\$ 2

All fees shall be in the form of personal checks or money orders submitted to and made payable to the **Arizona Board of Psychologist Examiners.**



State of Arizona Board of Psychologist Examiners

1400 West Washington, Ste. 235
Phoenix, AZ 85007

Phone: 602-542-8162
Fax: 602-542-8279

E-Mail: licensing@psychboard.az.gov
www.psychboard.az.gov

Psychologist Licensure Application

I hereby apply to be licensed as a psychologist by the Arizona Board of Psychologist Examiners. Enclosed is the application fee, which I understand is **nonrefundable**.

I understand that, if, in the judgment of the Board, more information is necessary, further documented evidence may be required and I may be requested to appear before the Board.

I understand that if I have a "special testing accommodation request" regarding an examination (e.g., a disability) for the Board's consideration, I will file a written request to the Board with this application.

I understand that if I have previously passed the EPPP with a score of 70% or better, I may be eligible for examination waiver. To be considered for waiver, I understand that I must request that the EPPP Score Transfer Service, ASPPB, P.O. Box 241245, Montgomery, AL 36124-1245, (800) 448-4069, or the state in which I originally tested, send my score directly to the Board.

I understand that if I have failed the EPPP three or more times in any state, I must contact the Board before submitting an application or reapplication, pursuant to A.R.S. § 32-2072(C) and A.A.C. R4-26-204(A)(1).

I understand that if I hold a Diplomate from the American Board of Professional Psychology (ABPP), a Certificate of Professional Qualification in Psychology (CPQ) or a National Register of Health Service Providers in Psychology (NRHSPP) credential, I may apply by means of the "Application for Licensure as a Psychologist by Credential" form. I understand that it is my responsibility to contact any state in which I have ever held a psychology license to request that verification of my licensure (active, inactive, expired or otherwise) be sent directly to the Arizona Board of Psychologist Examiners. You may contact the state directly or use the attached *Verification of State Licensure* form.

I understand that my file will be considered **open** upon the Board's receipt of my application form and fee payment. My file will not be considered **administratively complete** or ready for Board review **until all materials required by the Board are received on appropriate forms at the Board office. My file must be administratively complete at least 14 days prior to the next scheduled Board meeting, in order to be considered on that Board meeting agenda.** Application materials are open to public inspection, except for information that is confidential, in accordance with the Board's statutes and rules.

I further understand that I may not list myself **as a psychologist** in Arizona telephone directories, business cards, or otherwise represent myself as a psychologist, until I have been officially notified that I, in fact, have been licensed as a psychologist in Arizona.

I have [] have not [] made a previous application to the Arizona Board of Psychologist Examiners.

If so, list date(s) of the application and action taken by the Board.

Name (printed or typed) _____

Signature _____ Date: _____

GENERAL INFORMATION

(PLEASE PRINT OR TYPE)

1. Full Name: _____ Date: _____
Home Address: Please provide on the pink *Mandatory Confidential Information* form enclosed.
2. Business Address: _____
City: _____ County: _____ State: _____ Zip Code: _____
3. Work Phone: (_____) _____ - _____ Ext.: _____ Work Fax: (_____) _____ - _____
4. Gender: Male ☐ Female ☐
5. If you become licensed in Arizona, please specify which address and telephone number you want listed in the public directory of the Board. Home ☐ Business ☐
6. Which address would you like the Board to use as your mailing address? Home ☐ Business ☐
7. Place of Birth: _____
8. Do you hold a Certificate of Professional Qualification in Psychology (CPQ), a National Register of Health Service Providers in Psychology (NRHSPP) credential, or are you a diplomate of the American Board of Professional Psychology (ABPP)? Yes ☐ No ☐
If yes, please use the "Application for Licensure as a Psychologist by Credential" form.
9. Are you or have you been licensed or certified as a psychologist in any state or Canadian province? If yes, list state(s) and license number(s): Yes ☐ No ☐

10. Have you ever taken the national examination in psychology (EPPP), including exams taken Arizona? If yes, list all states, dates and scores: Yes ☐ No ☐

FOR QUESTIONS 11 THROUGH 23 BELOW, IF THE ANSWER IS YES, PLEASE ATTACH AN EXPLANATION:

11. Have you made application to any other state or Canadian province that you are not licensed in? If yes, attach an explanation and include dates. Yes ☐ No ☐
12. Are you licensed or certified in any other field or profession? Yes ☐ No ☐
13. Has any state or province ever denied or rejected your application for a professional license, certification, or registration? Yes ☐ No ☐
14. Has any state or province ever initiated disciplinary action against, or suspended or revoked your professional license, certification, or registration? Yes ☐ No ☐
15. Have you ever entered into a consent agreement or stipulation arising from a complaint against your professional license, certification, or registration? Yes ☐ No ☐
16. Are you a member of any professional association in the field of psychology? If yes, please give the name(s) of the association(s).

- 1.7. Have you ever had membership in a professional association in the field of psychology denied or revoked? Yes ☐ No ☐
18. Are you currently under investigation for or have you been found to have violated a professional code of conduct by any jurisdiction? Yes ☐ No ☐
19. Have you ever been sanctioned or placed on probation by any jurisdiction? Yes ☐ No ☐
20. Have you been convicted of a felony or a misdemeanor other than a minor traffic offense, or ever entered into a diversion program instead of prosecution, including any convictions that have been expunged or deleted? Yes ☐ No ☐
21. Have you been sued or prosecuted for an act or omission relating to your practice as a psychologist, your work under a certificate or license in another profession, or your work as a member of a profession in which you were not certified or licensed? Yes ☐ No ☐
22. Have you ever been involuntarily terminated or have you resigned instead of termination from any psychological or behavioral health position or related employment? Yes ☐ No ☐
23. Are you currently addicted to alcohol or any drug that in any way impairs or limits your ability to practice? Yes ☐ No ☐
24. Do you have any medical, physical, or psychological condition that may in any way currently impair or limit your ability to practice psychology safely and effectively? Yes ☐ No ☐

25. UNDERGRADUATE AND GRADUATE EDUCATION

University or College	City and State	Dates Attended	Degree and Date	Name of Department	Major Subject Area

Doctoral Degree: Major Advisor: _____

Department: _____

Title of Dissertation or Psy.D. Project: _____

26. Official title of your doctoral degree program or predoctoral specialty area: _____

27. Did you complete at least 24 semester hours or 300 hours of student-faculty contact in residence at the institution that granted your doctorate in psychology? Yes ☐ No ☐

28. List your training experiences (excluding practica), including names of the individuals from whom you are requesting verification forms:

29. Supervised training experiences:

a. Have you completed a supervised psychology internship (1st 1500 hrs)?

Yes [____]

No [____]

b. Have you completed a supervised postdoctoral training experience (2nd 1500 hrs.)?

Yes [____]

No [____]

30. Do you agree to allow the Board to submit supplemental requests for additional information under A.A.C. R4-26-208(C)(2)?

Yes [____]

No [____]

31. My areas of professional competence are: _____

32. My intended area of professional activity in Arizona is: _____

33. If licensed, I would like my name on the license to read (include name and degree only):

34. References: To be acceptable, reference psychologists must provide favorable endorsement of your professional competence and your experience in the areas of intended practice, not merely indicate that you are known to them. Mere provision of a signature or an unfavorable report by a reference psychologist does not constitute provision of credentials necessary for licensure.

Reference psychologists shall be psychologists licensed or certified to practice psychology in a United States or Canadian jurisdiction. **Members of the Arizona Board of Psychologist Examiners may not provide references.** The Board may reject any reference and/or require additional references from the applicant.

List the names, positions, addresses and phone numbers of at least **two** psychologists familiar with your education, training or experience and who have knowledge of your professional activities **within the past three years.** The Board will contact these persons directly for the required information and endorsement on forms provided by the Board.

A. _____

(_____) _____ - _____

Work E-Mail Address*: _____

B. _____

(_____) _____ - _____

Work E-Mail Address*: _____

*Provide this only if you would like to have the forms e-mailed to your references.

35. Professional employment in psychology. List most recent first and for each of the positions, give:
YOUR EXACT TITLE; A BRIEF STATEMENT OF TYPE OF EMPLOYMENT; and THE AMOUNT AND KIND OF
PROFESSIONAL SUPERVISION. You may photocopy this page or add additional pages as needed.

A.

Starting & Ending Dates	Hours/Week	Employer	Employer's Address

- (a) Title:
(b) Type of Employment:
(c) Nature of Supervision:

Name and Present Address of Professional Supervisor

B.

Starting & Ending Dates	Hours/Week	Employer	Employer's Address

- (a) Title:
(b) Type of Employment:
(c) Nature of Supervision:

Name and Present Address of Professional Supervisor

C.

Starting & Ending Dates	Hours/Week	Employer	Employer's Address

- (a) Title:
(b) Type of Employment:
(c) Nature of Supervision:

Name and Present Address of Professional Supervisor

D.

Starting & Ending Dates	Hours/Week	Employer	Employer's Address

- (a) Title:
- (b) Type of Employment:
- (c) Nature of Supervision:

Name and Present Address of Professional Supervisor

CORE PROGRAM REQUIREMENTS

Name _____

Date _____

In accordance with A.R.S. 32-2071(A)(4) and Board Rules, an applicant shall show a minimum of **3 or more graduate semester hours (or 5 quarter hours/6 trimester hours)** or the equivalent classroom contact hours) in each of the following areas.

Please note: Providing course descriptions and/or course syllabi could be helpful in demonstrating that you meet these requirements of Arizona law. It is possible to satisfy one of these course requirements through your comprehensive examination [see A.A.C. R4-26-202(C) and (E)]. If you are deficient in one or two content areas, Arizona law allows you to make-up those courses as a non-matriculated graduate student.

Semester & Year Course Taken	Dept. & Course No.	Title and Brief Description of Course	# of Credit Hours	(Check or Circle One)
		SCIENTIFIC AND PROFESSIONAL ETHICS AND STANDARDS IN PSYCHOLOGY:		
				Semester Quarter Trimester
		RESEARCH METHOD AND STATISTICS: (May include design, methodology, statistics and psychometrics)		
				Semester Quarter Trimester
		BIOLOGICAL BASIS OF BEHAVIOR: (May include physiological psychology, comparative psychology, neuro-psychology, sensation and perception and psychopharmacology)		
				Semester Quarter Trimester
		COGNITIVE-AFFECTIVE BASIS OF BEHAVIOR: (May include learning, thinking, motivation and emotion)		
				Semester Quarter

				Trimester
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Semester & Year Course Taken	Dept. & Course No.	Title and Brief Description of Course	# of Credit Hours	(Check or Circle One)
		THE SOCIAL BASIS OF BEHAVIOR: (May include social psychology, group processes and organizational and systems theory)		
				Semester Quarter Trimester
		INDIVIDUAL DIFFERENCES: (May include personality theory, human development and abnormal psychology)		
				Semester Quarter Trimester
		ASSESSMENT: (Includes instruction in interviewing and the administration, scoring and interpretation of psychological test batteries for the diagnosis of cognitive abilities and personality functioning)		
				Semester Quarter Trimester
		TREATMENT MODALITIES: (Includes Instruction in the theory and application of a diverse range of psychological interventions for the treatment of mental, emotional, psychological and behavioral disorders)		
				Semester Quarter Trimester

36. This application shall be accompanied by:

- A. One original, un-retouched photograph taken not more than 60 days before the date of the application. Full length snapshots, newsprints, negatives or proofs are not acceptable. In the space to the right, firmly attach with tape or glue, a photograph of head and shoulders which is no larger than 1½ x 2 inches in size. Please do not staple.
- B. A Check or Money Order in the amount of \$350, made payable to the Arizona Board of Psychologist Examiners.



PHOTOGRAPH

AFFIDAVIT

Pursuant to A.R.S. Sections 32-2061, 32-2071.01 and 32-2081, any false or misleading information in, or in connection with, any application may be cause for rejection of that application, or probation, suspension, or revocation of your license.

STATE OF _____)

COUNTY OF _____)

The undersigned, having appeared before me and being identified as the same individual shown in the attached photograph, being sworn, deposes and says that he/she is the person who executed this application; that the statements herein contained are true in every respect; that he/she has not suppressed any information that might affect this application; that he/she will conform to the standards of professional conduct as defined in Arizona Revised Statutes, Section 32-2061, et seq.; and the rules pertaining thereto.

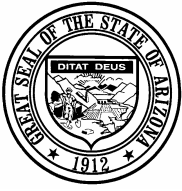
Signature of Applicant

SWORN TO before me this ____ day of _____, 20 ____

Signature of Notary

Affix
Notary Seal

My Commission Expires: _____



State of Arizona Board of Psychologist Examiners

1400 West Washington, Ste. 235
Phoenix, AZ 85007

Phone: 602-542-8162
Fax: 602-542-8279

E-Mail: licensing@psychboard.az.gov
www.psvchboard.az.gov

SUPERVISED PSYCHOLOGY INTERNSHIP OR TRAINING EXPERIENCE VERIFICATION (FIRST 1500 HOURS)

Dear Dr. _____:

Date: _____

I am applying for licensure in Arizona as a Psychologist. My application shows that I participated in a professional psychology training experience with your organization from _____, _____ to _____, _____. A.R.S. § 32-2071(D) requires that evidence of 1500 hours of supervised professional internship experience be provided to the Arizona Board of Psychologist Examiners. Please complete the questions below and mail this and any other requested information directly to the Board at the above address. Thank you for your assistance.

Signature: _____

Printed Name: _____

SECTION A. (The information below must be completed by the supervisor or a psychologist knowledgeable of the applicant's internship training program. **It may not be completed by the applicant.**)

I attest that _____ participated in a professional psychology training program at

_____ (Name of internship site)

1. Total hours of experience: _____
2. Did this applicant successfully complete this psychology training program at a satisfactory level of performance? If no, please attach an explanation.) Yes ☐ No ☐
3. During the entire time this applicant was in training, was this psychology training program a predoctoral internship approved by the American Psychological Association Committee on Accreditation? Yes ☐ No ☐
4. During the entire time this applicant was in training, was this psychology training program an internship facility that was a member of the Association of Psychology and Postdoctoral Internship Centers? Yes ☐ No ☐

IF ANSWERING "YES" TO EITHER QUESTIONS 3 OR 4 ABOVE, PLEASE SKIP TO SECTION C. YOU DO NOT NEED TO ANSWER QUESTIONS 5 THROUGH 27.

SECTION B. (For interns at sites that were not APA approved or APPIC members during the entire time the intern was in training.)

5. Number of hours trainee worked per week: _____ for _____ weeks.
6. Total hours of individual, face-to-face supervision: _____
7. Total number of direct client contact hours: _____

IF ANSWERING "YES" TO QUESTIONS 8-10, PLEASE EXPLAIN ON A SEPARATE SHEET OF PAPER.

8. Prior to, or during the training, did any of this trainee's supervisors have a familial or financial relationship with this trainee, or was the trainee the employer of a supervisor? Yes ☐ No ☐

- Yes ☐ No ☐
Yes ☐ No ☐
9. Was any credit given to this trainee for activities completed before the starting date
10. Was any credit given to this trainee for activities performed which were not directly under supervision and control by your organization or facility? Yes
- IF ANSWERING "NO" TO ANY OF QUESTIONS 11-27, PLEASE EXPLAIN ON A SEPARATE SHEET OF PAPER.**
11. Did the psychology training program have a clearly designated staff psychologist who was responsible for the integrity and quality of training? Yes ☐ No ☐
Who was this psychologist? _____
12. Was this staff psychologist Licensed or Certified in the state where the psychology training took place? Yes ☐ No ☐
13. Did the psychology training program have at least two psychologists on staff as supervisors? Yes ☐ No ☐
14. Was supervision of this psychology trainee provided by the person who carried clinical responsibility for the cases being supervised? Yes ☐ No ☐
15. At all times, was a supervisor available to the trainee at the various points of decision making? Yes ☐ No ☐
16. Was at least 50% of the training supervision provided by one or more licensed or certified psychologists? Yes ☐ No ☐
17. Did training include a range of assessment, consultation and treatment activities conducted directly with clients? Yes ☐ No ☐
18. Was a minimum of 25% of the trainee's time in direct client contact? Yes ☐ No ☐
19. Was there a minimum of one hour of face-to-face, individual supervision for each twenty hours of experience with the specific intent of dealing with the quality of psychological service rendered directly by the trainee? Yes ☐ No ☐
20. Did the training include at least two additional hours per week in other learning activities? (Examples of additional learning activities may include: case conferences involving a case in which the trainee was actively involved; seminars dealing with clinical issues; co-therapy with a professional staff person including discussion, group supervision or additional individual supervision). Yes ☐ No ☐
21. Did this applicant have a title designating his or her trainee status? Yes ☐ No ☐
22. Was there a written statement that described the goals and content of training and that stated clear expectations for the quality and quantity of this trainee's work?
If yes, PLEASE ATTACH A COPY OF THIS STATEMENT. Yes ☐ No ☐
23. Did you attach a copy of this written statement? Yes ☐ No ☐
24. Was the written statement in #22 established by the time the trainee began training and did it correspond to the training program this applicant completed? Yes ☐ No ☐
25. Did the training program include interaction with other psychology trainees? Yes ☐ No ☐
26. Was any of the time spent fulfilling academic degree requirements such as doctoral degree formal course work, practica, field laboratory, dissertation or thesis credit NOT counted toward the hours accumulated in this psychology training program? Yes ☐ No ☐

27. Was this initial training experience completed within 24 consecutive months? Yes [] No []

SECTION C.

I hereby certify that the information provided here is true and complete to the best of my knowledge.

Signature

Address

Printed Name

Title

License # and State

() -
Telephone

SUBSCRIBED AND SWORN before me, a Notary Public in and for the State of _____, this ____ day
of _____, 20_____.

Notary Public

My Commission Expires: _____

Affix
Notary Seal



State of Arizona Board of Psychologist Examiners

1400 West Washington, Ste. 235
Phoenix, AZ 85007

Phone: 602-542-8162
Fax: 602-542-8279

E-Mail: licensing@psychboard.az.gov
www.psychboard.az.gov

POSTDOCTORAL PROFESSIONAL PSYCHOLOGY EXPERIENCE VERIFICATION (SECOND 1500 HOURS)

Dear Dr. _____:

Date: _____

I am applying for licensure in Arizona as a Psychologist. My application shows that I was under your supervision from _____, _____ to _____, _____. A.R.S. § 32-2071(E) requires that evidence of 1500 hours of supervised professional postdoctoral experience be provided to the Arizona Board of Psychologist Examiners. Please complete the questions below and mail this information directly to the Board at the above address. Thank you for your assistance.

Signature: _____

Printed Name: _____

SECTION A.

The information below must be completed by the supervisor or a psychologist knowledgeable of the applicant's postdoctoral experience. It may not be completed by the applicant.

I attest that _____ worked as a postdoctoral supervisee at _____

_____ from _____, _____ to _____, _____.

Number of hours trainee worked per week: _____ for _____ weeks.

Total hours of experience: _____

Total hours of individual, face to face supervision: _____

Total number of direct client contact hours: _____

IF ANSWERING "YES" TO ANY OF QUESTIONS 1-3, PLEASE EXPLAIN ON A SEPARATE SHEET OF PAPER.

- | | | | |
|----|---|------------|-----------|
| 1. | Prior to or during supervision, were you and the supervisee involved in a familial or financial relationship or was the supervisee your employer? | Yes [____] | No [____] |
| 2. | Did this training experience begin prior to written certification by the supervisee's educational program that the applicant had satisfied all requirements for the doctoral degree or prior to written certification that the supervisee completed an appropriate internship training program? | Yes [____] | No [____] |
| 3. | Did any of the hours described here accumulate while the supervisee was functioning in a professional capacity not directly under your responsibility? | Yes [____] | No [____] |

IF ANSWERING "NO" TO ANY OF QUESTIONS 4-12, PLEASE EXPLAIN ON A SEPARATE SHEET OF PAPER.

- | | | | |
|-----|---|------------|-----------|
| 4. | Were you licensed or certified as a psychologist in the state where the supervision occurred? | Yes [____] | No [____] |
| 5. | Were you licensed or certified as a psychologist for at least two years prior to beginning the supervision? | Yes [____] | No [____] |
| 6. | Did you accept full legal responsibility for the welfare of the client as well as the diagnosis, intervention and outcome of the intervention? | Yes [____] | No [____] |
| 7. | Were you fully available to the supervisee in the event of emergency and did you you provide emergency consultation coverage when you were not? | Yes [____] | No [____] |
| 8. | Did you provide at least one hour of face-to-face individual supervision for each twenty hours of training experience? | Yes [____] | No [____] |
| 9. | Was this training experience completed within 36 consecutive months? | Yes [____] | No [____] |
| 10. | Were you responsible for ensuring that adequate records of client contacts were maintained and were clients informed that you were the source of access to this information in the future? Did you take reasonable steps to ensure that clients were informed of the supervisee's training and status and that clients could meet with you at the clients' request? | Yes [____] | No [____] |
| 10. | Was this supervisee's performance satisfactory? | Yes [____] | No [____] |
| 11. | Did you take reasonable steps to ensure that clients were informed of the supervisee's training and status and that clients could meet with you at the clients' request? | Yes [____] | No [____] |
| 12. | Was this supervisee's performance satisfactory? | Yes [____] | No [____] |
| 13. | What was the nature of the supervisee's duties while you were supervisor? | | |
| | _____ | | |
| | _____ | | |
| | _____ | | |
| | _____ | | |

SECTION B.

I hereby certify that the information provided here is true and complete to the best of my knowledge.

Signature

Address

Printed Name

Title

License # and State

(_____) _____ - _____
Telephone

Date Licensed

SUBSCRIBED AND SWORN before me, a Notary Public

in and for the State of _____, this _____ day of _____, 20_____.

Affix
Notary Seal

Notary Public

My Commission Expires: _____

Arizona Board of Psychologist Examiners Mandatory Confidential Information

(for Board Use Only)

Name (Last, First, Middle)

Other Names Used (Last, First, Middle, Maiden)

Residential Address* (P.O. BOX NOT ACCEPTABLE)

Mailing Address (If different from above)

Check here to indicate if residential address is the same as your business address

(_____) _____
Home Phone No.

Date of Birth**

(_____) _____
Home Fax No.

Social Security Number*** (Required)

E-mail Address

Please provide an **E-mail address** if you wish to receive updates from the Board, including **The Examiner** newsletter.

*** THE BOARD DOES NOT DISCLOSE A LICENSEE'S RESIDENTIAL ADDRESS UNLESS IT IS THE ONLY ADDRESS PROVIDED TO THE BOARD.**

**** THE BOARD DOES NOT DISCLOSE A LICENSEE'S DATE OF BIRTH.**

***** A.R.S. §§ 25-320(N) and 25-502(K) MANDATES THAT EACH LICENSING BOARD OR AGENCY THAT ISSUES PROFESSIONAL OR OCCUPATIONAL LICENSES OR CERTIFICATES SHALL OBTAIN AND RECORD THE SOCIAL SECURITY NUMBER OF AN APPLICANT FOR A PROFESSIONAL OR OCCUPATIONAL LICENSE OR CERTIFICATE. SOCIAL SECURITY NUMBERS WILL NOT BE DISCLOSED EXCEPT WHEN DISCLOSURE IS REQUIRED BY LAW, SUCH AS DISCIPLINARY REPORTS TO THE NATIONAL DATA BANK OR TO AID THE DEPARTMENT OF ECONOMIC SECURITY IN LOCATING PARENTS OR THEIR ASSETS OR TO ENFORCE CHILD SUPPORT ORDERS.**

**ARIZONA STATEMENT OF CITIZENSHIP
AND ALIEN STATUS FOR STATE PUBLIC BENEFITS**

Professional License and Commercial License

Arizona Board of Psychologist Examiners

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the "Act"), 8 U.S.C. § 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), nonimmigrants, and certain aliens paroled into the United States are eligible to receive state or local public benefits. With certain exceptions, a professional license and commercial license issued by a State agency is a State public benefit.

Arizona Revised Statutes § 1-501 requires, in general, that a person applying for a license must submit documentation to the licensing agency that satisfactorily demonstrates that the applicant is lawfully present in the United States.

Directions: All applicants must complete Sections I, II, and IV. Applicants who are not U.S. citizens or nationals must also complete Section III. Submit this completed form and copy of one or more documents that evidence your citizenship or alien status with your application for license or renewal.

SECTION I — APPLICANT INFORMATION

APPLICANT'S NAME (Print or type) _____

DATE _____

TYPE OF APPLICATION (check one)___ INITIAL APPLICATION___ RENEWAL

TYPE OF LICENSE

SECTION II — CITIZENSHIP OR NATIONAL STATUS DECLARATION

Directions: Attach a legible copy of the front, and the back (if any), of a document from the attached List A or other document that demonstrates U.S. citizenship or nationality. Name of document provided: _____

A. Are you a citizen or national of the United States? (check one) ___ Yes ___ No

B. If the answer is "Yes," where were you born? List city, state (or equivalent), and country.

City _____ State (or equivalent) _____ Country or Territory _____

If you are a citizen or national of the United States, go to Section IV. If you are not a citizen or national of the United

States, please complete Sections III and IV.

SECTION III — ALIEN STATUS DECLARATION

Directions: To be completed by applicants who are not citizens or nationals of the United States. Please indicate alien status by checking the appropriate box. Attach a legible copy of the front, and the back (if any), of a document from the attached List B or other document that evidences your status. A.R.S. § 1-501.

Name of document provided: _____.

“Qualified Alien” Status (8 U.S.C. §§ 1621(a)(1), -1641(b) and (c))

- ☐ 1. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA).
- ☐ 2. An alien who is granted asylum under Section 208 of the INA.
- ☐ 3. A refugee admitted to the United States under Section 207 of the INA
- ☐ 4. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA.
- ☐ 5. An alien whose deportation is being withheld under Section 243(h) of the INA.
- ☐ 6. An alien granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980.
- ☐ 7. An alien who is a Cuban and Haitian entrant (as defined in section 501(e) of the Refugee Education Assistance Act of 1980).
- ☐ 8. An alien who is, or whose child or child’s parent is a “battered alien” or an alien subjected to extreme cruelty in the United States.

Nonimmigrant Status (8 U.S.C. § 1621(a)(2))

- ☐ 9. A nonimmigrant under the Immigration and Nationality Act [8 U.S.C. § 1101 et seq.] Nonimmigrants are persons who have temporary status for a specific purpose. See 8 U.S.C. § 1101(a)(15).

Alien Paroled into the United States For Less Than One Year (8 U.S.C. § 1621(a)(3))

- ☐ 10. An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA

Other Persons (8 U.S.C. § 1621(c)(2)(A) and (C))

- ☐ 11. A nonimmigrant whose visa for entry is related to employment in the United States, or
- ☐ 12. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associated States include the Republic of the Marshall Islands, Republic of Palau and the Federate States of Micronesia, 48 U.S.C. § 1901 *et seq.*];
- ☐ 13. A foreign national not physically present in the United States.

Otherwise Lawfully Present (A.R.S. § 1-501)

- ☐ 14. A person not described in categories 1–13 who is otherwise lawfully present in the United States. **PLEASE NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make persons who fall into this category ineligible for licensure.** See 8 U.S.C. § 1621(a).

SECTION IV — DECLARATION

All applicants must complete this section. I declare under penalty of perjury under the laws of the state of Arizona that the answers I have given are true and correct to the best of my knowledge.

APPLICANT'S SIGNATURE

TODAY'S DATE

Attachment: Lists A and B Evidence of U.S. Citizenship, U.S National Status, or Alien Status,

EVIDENCE OF U.S. CITIZENSHIP, U.S NATIONAL STATUS, OR ALIEN STATUS

LIST A: U.S. CITIZEN OR U.S. NATIONAL

Note: In this List, the term "Service" refers to the U.S. Citizenship and Immigration Service, formerly, the U.S. Immigration and Naturalization Service (INS).

[Source: Proposed Rules, Verification of Eligibility for Public Benefits, 8 CFR § 104.23; 63 FR 41662-01 August 4, 1998); and Interim Guidance of Verification of Citizenship, Qualified Alien Status and Eligibility Under Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 ("Interim Guidance"), 62 FR 61344 (Nov. 17, 1997), Attachment 4]

Evidence showing U.S. citizen or U.S. national status includes the following:

a. Primary Evidence:

- (1) A birth certificate showing birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction);
- (2) United States passport;
- (3) Report of birth abroad of a U.S. citizen (FS-240) (issued by the Department of State to U.S. citizens);
- (4) Certificate of Birth (FS-545) (issued by a foreign service post) or Certification of Report of Birth (DS-1350), copies of which are available from the Department of State;
- (5) Form N-561, Certificate of Citizenship;
- (6) Form I-197, United States Citizen Identification Card (issued by the Service until April 7, 1983 to U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossings) (formerly Form I-179, last issued in February 1974);
- (7) Form I-873 (or prior versions), Northern Marianas Card (issued by the Service to a collectively naturalized U.S. citizen who was born in the Northern Mariana Islands before November 3, 1986);
- (8) Statement provided by a U.S. consular official certifying that the individual is a U.S. citizen (given to an individual born outside the United States who derives citizenship through a parent but does not have an FS-240, FS-545, or DS-1350); or
- (9) Form I-872 (or prior versions), American Indian Card with a classification code "KIC" and a statement on the back identifying the bearer as a U.S. citizen (issued by the Service to U.S. citizen members of the Texas Band of Kickapoos living near the U.S./Mexican border).

[Source: Interim Guidance of Verification of Citizenship, Qualified Alien Status and Eligibility Under Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 ("Interim Guidance"), 62 FR 61344 (Nov. 17, 1997), Attachment 4]

b. Secondary Evidence

If the applicant cannot present one of the documents listed in (a) above, the following may be relied upon to establish U.S. citizenship or U.S. national status:

- (1) Religious record recorded in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction) within three 3 months after birth showing that the birth occurred in such jurisdiction and the date of birth or the individual's age at the time the record was made;
- (2) Evidence of civil service employment by the U.S. government before June 1, 1976;
- (3) Early school records (preferably from the first school) showing the date of admission to the school, the applicant's date and U.S. place of birth, and the name(s) and place(s) of birth of the applicant's parents(s);
- (4) Census record showing name, U.S. nationality or a U.S. place of birth, and applicant's date of birth or age;
- (5) Adoption finalization papers showing the applicant's name and place of birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction), or, when the adoption is not finalized and the state or other U.S. jurisdiction listed above will not release a birth certificate prior to final adoption, a statement from a State- or jurisdiction-approved adoption agency showing the applicant's name and place of birth in one of such jurisdictions, and stating that the source of the information is an original birth certificate;
- (6) Any other document that establishes a U.S. place of birth or otherwise indicates U.S. nationality (e.g., a contemporaneous hospital record of birth in that hospital in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction);

c. Collective Naturalization

If the applicant cannot present one of the documents listed in (a) or (b) above, the following will establish U.S. citizenship for collectively naturalized individuals:

Puerto Rico:

- Evidence of birth in Puerto Rico on or after April 11, 1899 and the applicant's statement that he or she was residing in the U.S., a U.S. possession or Puerto Rico on January 13, 1941; or
- Evidence that the applicant was a Puerto Rican citizen and the applicant's statement that he or she was residing in Puerto Rico on March 1, 1917 and that he or she did not take an oath of allegiance to Spain.

U.S. Virgin Islands:

- Evidence of birth in the U.S. Virgin Islands, and the applicant's statement of residence in the U.S., a U.S. possession or the U.S. Virgin Islands on February 25, 1927;
- The applicant's statement indicating resident in the U.S. Virgin Islands as a Danish citizen on January 17, 1917 and residence in the U.S., a U.S. possession or the U.S. Virgin Islands on February 25, 1927, and that he or she did not make a declaration to maintain Danish citizenship; or
- Evidence of birth in the U.S. Virgin Islands and the applicant's statement indicating residence in the U.S., a U.S. possession or territory or the Canal Zone on June 28, 1932.

Northern Mariana Islands (NMI) (formerly part of the Trust Territory of the Pacific Islands (TTPI)):

- Evidence of birth in the NMI, TTPI citizenship and residence in the NMI, the U.S., or a U.S. territory or possession on November 3, 1986 (NMI local time) and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time);
- Evidence of TTPI citizenship, continuous residence in the NMI since before November 3, 1981 (NMI local time), voter registration prior to January 1, 1975 and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time); or

- Evidence of continuous domicile in the NMI since before January 1, 1974 and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time). Note: If a person entered the NMI as a nonimmigrant and lived in the NMI since January 1, 1974, this does not constitute continuous domicile and the individual is not a U.S. citizen

d. Derivative Citizenship

If the applicant cannot present one of the documents listed in a or b above, the following may be used to make a determination of derivative U.S. citizenship:

Applicant born abroad to two U.S. citizen parents: Evidence of the U.S. citizenship of the parents and the relationship of the applicant to the parents, and evidence that at least one parent resided in the U.S. or an outlying possession prior to the applicant's birth.

Applicant born abroad to a U.S. citizen parent and a U.S. non-citizen national parent: Evidence that one parent is a U.S. citizen and that the other is a U.S. non-citizen national, evidence of the relationship of the applicant to the U.S. citizen parent, and evidence that the U.S. citizen parent resided in the U.S., a U.S. possession, American Samoa or Swain's Island for a period of at least one year prior to the applicant's birth.

Applicant born out of wedlock abroad to a U.S. citizen mother: - Evidence of the U.S. citizenship of the mother, evidence of the relationship to the applicant and, for births on or before December 24, 1952, evidence that the mother resided in the U.S. prior to the applicant's birth or, for births after December 24, 1952, evidence that the mother had resided, prior to the child's birth, in the U.S. or a U.S. possession for a period of one year.

Applicant born in the Canal Zone or the Republic of Panama:

- A birth certificate showing birth in the Canal Zone on or after February 26, 1904 and before October 1, 1979 and evidence that one parent was a U.S. citizen at the time of the applicant's birth; or
- A birth certificate showing birth in the Republic of Panama on or after February 26, 1904 and before October 1, 1979 and evidence that at least one parent was a U.S. citizen and employed by the U.S. government or the Panama Railroad Company or its successor in title.

In all other situations in which an applicant claims to have a U.S. citizen parent and an alien parent, or claims to fall within one of the above categories, but is unable to present the listed documentation:

- If the applicant is in the U.S., the applicant should contact the local U.S. Citizenship and Immigration Service office for determination of U.S. citizenship;
- If the applicant is outside the U.S., the applicant should contact the State Department for a U.S. citizenship determination.

e. Adoption of Foreign-Born Child by U.S. Citizen

- If the birth certificate shows a foreign place of birth and the applicant cannot be determined to be a naturalized citizen under any of the above criteria, obtain other evidence of U.S. citizenship;
- Because foreign-born adopted children do not automatically acquire U.S. citizenship by virtue of adoption by U.S. citizens, the applicant should contact the local U.S. Citizenship and Immigration Service office for a determination of U.S. citizenship, if the applicant provides no evidence of U.S. citizenship.

f. U.S. Citizenship By Marriage

A woman acquired U.S. citizenship through marriage to a U.S. citizen before September 22, 1922. Provide evidence of U.S. citizenship of the husband, and evidence showing the marriage occurred before September 22, 1922.

Note: If the husband was an alien at the time of the marriage, and became naturalized before September 22, 1922, the wife also acquired naturalized citizenship. If the marriage terminated, the wife maintained her U.S. citizenship if she was residing in the U.S. at that time and continued to reside in the U.S.

LIST B: QUALIFIED ALIENS, NONIMMIGRANTS, AND ALIENS PAROLED INTO U.S. FOR LESS THAN ONE YEAR

The documents listed below that are registration documents are indicated with an asterisk ("*").

a. “Qualified Aliens”

Evidence of “Qualified Alien” status includes the following:

Alien Lawfully Admitted for Permanent Residence

- *Form I-551 (Alien Registration Receipt Card, commonly known as a "green card"); or
- Unexpired Temporary I-551 stamp in foreign passport or on *I Form I-94.

Asylee

- * Form I-94 annotated with stamp showing grant of asylum under section 208 of the INA;
- *Form I-688B (Employment Authorization Card) annotated "274a.12(a)(5)";
- * Form I-766 (Employment Authorization Document) annotated "A5";
- Grant letter from the Asylum Office of the U.S. Citizenship and Immigration Service; or
- Order of an immigration judge granting asylum.

Refugee

- * Form I-94 annotated with stamp showing admission under § 207 of the INA;
- * Form I-688B (Employment Authorization Card) annotated "274a.12(a)(3)"; or
- * Form I-766 (Employment Authorization Document) annotated "A3"

Alien Paroled Into the U.S. for a Least One Year

- * Form I-94 with stamp showing admission for at least one year under section 212(d)(5) of the INA. (Applicant cannot aggregate periods of admission for less than one year to meet the one-year requirement.)

Alien Whose Deportation or Removal Was Withheld

- * Form I-688B (Employment Authorization Card) annotated "274a.12(a)(10)";
- * Form I-766 (Employment Authorization Document) annotated "A10"; or
- Order from an immigration judge showing deportation withheld under §243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under § 241(b)(3) of the INA.

Alien Granted Conditional Entry

- * Form I-94 with stamp showing admission under §203(a)(7) of the INA;
- * Form I-688B (Employment Authorization Card) annotated "274a.12(a)(3)"; or
- * Form I-766 (Employment Authorization Document) annotated "A3."

Cuban/Haitian Entrant

- * Form I-551 (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6;
- Unexpired temporary I-551 stamp in foreign passport or on * Form I-94 with the code CU6 or CU7; or
- Form I-94 with stamp showing parole as "Cuba/Haitian Entrant" under Section 212(d)(5) of the INA.

Alien Who Has Been Declared a Battered Alien or Alien Subjected to Extreme Cruelty

- U.S. Citizenship and Immigration Service petition and supporting documentation

b. Nonimmigrant

Evidence of “Nonimmigrant” status includes the following:

- * Form I-94 with stamp showing authorized admission as nonimmigrant

c. **Alien Paroled into U.S. for Less than One Year**

Evidence includes:

- * Form I-94 with stamp showing admission for less than one year under section 212(d)(5) of the INA